



# Commonwealth of Massachusetts

## Department of Public Safety

### PETITION FOR VARIANCE/RELIEF

Please send application to:

Department of Public Safety, Board of Elevator Regulations, 1 Ashburton Place, Room 1301, Boston, MA 02108

NOTE: \$50 NON-REFUNDABLE FILING FEE  
PAYABLE TO THE:  
"COMMONWEALTH OF MASSACHUSETTS"

Name of owner: \_\_\_\_\_

Address of owner: \_\_\_\_\_

E-mail of owner: \_\_\_\_\_ Telephone number of owner: \_\_\_\_\_

Please mark the appropriate box indicating the requested action to be considered by the Board of Elevator Regulations:

Variance		Order	
Interpretation		Other	
STATE USE ONLY			
Fee Received			
Check Number			
Received By			

*(This section must be completed or the application will be returned.)*

Has the elevator been the subject of an appeal by this or any other appeals board prior to this filing?

No ☐ Yes ☐ If yes, please indicate the date of the previous appeal, the code section that was at issue, and the specifics of the decision (*i.e.*, variance was granted/not granted).

Please take care to submit all written supporting documentation with this application to allow time for review. However, Board members reserve the right to continue proceedings if such material warrants extensive review.

Please provide a brief description of the desired relief below. Additional information may be attached if space is not sufficient. **All appropriate code sections that are subject to appeal must be identified in the description.**

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Name and address of unit: 

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State ID number: 

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Signed 

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(Petitioner/Appellant)

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Inspector Having Jurisdiction

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Date Received